ATTORNEY OR PART	Y WITHOUT ATTORNEY (Name and Addres	s):	TELEPHONE NO.:	FOR COURT USE ONLY	
ATTORNEY FOR (Nan	ne):				
NAME OF COURT ANI	D BRANCH, IF ANY:			1	
STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE:					
PLAINTIFF:				1	
DEFENDANT:					
DEFENDATION.				CASE NUMBER:	
APPLICAT	ION FOR WAIVER OF AD	DITIONAL COURT FEES	AND COSTS	OAGE NOWIDEN.	
1. I was granted a waiver of court fees and costs in this case on (date):					
2. a My financial status has not changed since I filed my original application.					
b. My financial status has changed since I filed my original application AND a new application is attached.					
3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:					
a J	ury fees and expenses.				
b 0	Court appointed interpreters' fe	es for witnesses.			
C V	C. Witness fees of peace officers whose attendance is necessary for reasons shown below.				
d. Reporters' fees for attendance at hearings and trials held more than sixtydays after the date of the original application as shown above.					
e \	Vitness fees for court appointe	ed experts.			
f (Other (specify):				
4. These add	itional services are needed be	cause (use additional sheet if	necessary):		
I declare un	der penalty of periury under	the laws of the State of C	alifornia that the	foregoing is true and correct	
and that the	accidiation to exceeded off	(22.5)	ω. (ριωσο). · · ·		
		<u> </u>			
	(Type or print name)			(Signature)	